

FROM McANDREWS, HELD, & MALLOY

(MON) 6.26'06 18:18/ST. 18:17/NO. 4861050696 P 1



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TO: Examiner N.H. Ly
Group Art Unit 2617

FAX NO.: 571 273 8300

FROM: Michael T. Cruz


USER ID: 8084

CLIENT: 1772

MATTER: 15258US02

Number of Pages This Transmission (Including Cover Page): 8

I hereby certify that the attached Transmittal Form (1 page); Fee Transmittal (1 page, in duplicate); Petition for One-Month Extension of Time (1 page, in duplicate); and Notice of Appeal (1 page, in duplicate) are being sent via facsimile transmission to the United States Patent and Trademark Office at (571) 273-8300 on June 26, 2006.


Michael T. Cruz
Reg. No. 44,636

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM		Application Number	
(to be used for all correspondence after initial filing)		09/634.552	
		Filing Date	
		August 8, 2000	
		First Named Inventor	
		Ahmadroza Rofougaran	
Art Unit		2617	
Examiner Name		Nghi H. Ly	
Attorney Docket Number		15258US02	
Total Number of Pages in This Submission		7	
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form (1 page, in duplicate)			
<input type="checkbox"/> Fee Attached			
<input type="checkbox"/> Amendment/Reply			
<input type="checkbox"/> After Final			
<input type="checkbox"/> Affidavits/declaration(s)			
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<input type="checkbox"/> Information Disclosure Statement			
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<input type="checkbox"/> Reply to Missing Parts/Incomplete Application			
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53			
<input type="checkbox"/> Drawing(s)			
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<input type="checkbox"/> Petition			
<input type="checkbox"/> Petition to Convert to a Provisional Application			
<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address			
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<input type="checkbox"/> Request for Refund			
<input type="checkbox"/> CD Number of CD(s) _____			
<input type="checkbox"/> Landscape Table on CD			
<input type="checkbox"/> After Allowance Communication to TC			
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences			
<input checked="" type="checkbox"/> Appeal Communication to TC (Notice of Appeal) - 1 page, in duplicate			
<input type="checkbox"/> Proprietary Information			
<input type="checkbox"/> Status Letter			
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<input type="checkbox"/> Other Enclosure(s) (please identify below):			
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	McAndrews Held & Malloy, Ltd.		
Signature	<i>Michael T. Cruz</i>		
Printed Name	Michael T. Cruz		
Date	June 26, 2006		
CERTIFICATE OF FAX TRANSMITTAL			
I hereby certify that this correspondence is being sent via facsimile to Examiner Nghi H. Ly at the United States Patent and Trademark Office, fax No. 571 273 8300, on June 26, 2006.			
Name (Print/type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636
Signature	<i>Michael T. Cruz</i>	Date	June 26, 2006

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FEE TRANSMITTAL for FY 2006		<i>Complete if Known</i>																		
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2617																	
		Attorney Docket No.	15258US02																	
TOTAL AMOUNT OF PAYMENT (\$) 620.00																				
METHOD OF PAYMENT (check all that apply)																				
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____																				
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>13-0017</u> Deposit Account Name: <u>McAndrews Held & Malloy</u>																				
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<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments																				
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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)																				
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																				
	FILING FEES		SEARCH FEES		EXAMINATION FEES															
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>													
Utility	300	150	500	250	200	100														
Design	200	100	100	50	130	65														
Plant	200	100	300	150	160	80														
Reissue	300	150	500	250	600	300														
Provisional	200	100	0	0	0	0														
2. EXCESS CLAIM FEES							<u>Small Entity</u>													
<u>Fee Description</u>							<u>Fee (\$)</u>													
Each claim over 20 (including Reissues)							50													
Each independent claim over 3 (including Reissues)							200													
Multiple dependent claims							360													
<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u>Total Claims</u></td> <td style="text-align: center;"><u>Extra Claims</u></td> <td style="text-align: center;"><u>Fee (\$)</u></td> <td style="text-align: center;"><u>Fee Paid (\$)</u></td> <td style="text-align: center;"><u>Multiple Dependent Claims</u></td> <td style="text-align: center;"><u>Fee</u></td> <td style="text-align: center;"><u>Fee Paid (\$)</u></td> </tr> <tr> <td style="text-align: center;">-20 or HP</td> <td style="text-align: center;">x</td> <td style="text-align: center;">=</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>							<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee</u>	<u>Fee Paid (\$)</u>	-20 or HP	x	=				
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3. APPLICATION SIZE FEE																				
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																				
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4. OTHER FEE(S)																				
Non-English Specification, \$130 fee (no small entity discount)																				
Other (e.g., late filing surcharge): <u>Notice of Appeal \$500; 1-month extension of time \$120</u> 620.00																				
SUBMITTED BY																				
Signature	<u>Michael T. Cruz</u>		Registration No. (Attorney/Agent)	44,636	Telephone	(312) 775-8000														
Name (print/type)	Michael T. Cruz		Date	June 26, 2006																

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